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CONFIRMATION NO. 7305

<b>SERIAL NUMBER</b> 10/565,161	<b>FILING OR 371(c) DATE</b> 01/19/2006 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1623	<b>ATTORNEY DOCKET NO.</b> FISHMAN19A
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a 371 of PCT/IL05/01280 11/30/2005 which claims benefit of 60/632,198 12/02/2004 and claims benefit of 60/657,718 03/03/2005

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 11/20/2007

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>M.C.H.</i> Examiner's Signature Initials				

**ADDRESS**  
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**TITLE**  
Treatment of Inflammation

<b>FILING FEE RECEIVED</b> 475	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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